

HTE# Attempt to Repair

# IMPROVEMENT PERMIT 22657

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Derenda R. Kelly New Installation  Septic Tank  Repair   
Property Location: SR# Rogers Road Nitrification Line  Expansion   
Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_  
Tax ID# \_\_\_\_\_ Quadrant # \_\_\_\_\_  
Number of Bedrooms Proposed: 3 (existing) Lot Size: \_\_\_\_\_

Basement with Plumbing:  Garage:   
Water Supply:  Well  Public  Community  
Distance From Well: 50 ft.

**Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.**

Type of system:  Conventional  Other \_\_\_\_\_

Size of tank: Septic Tank: existing gallons Pump Tank: \_\_\_\_\_ gallons

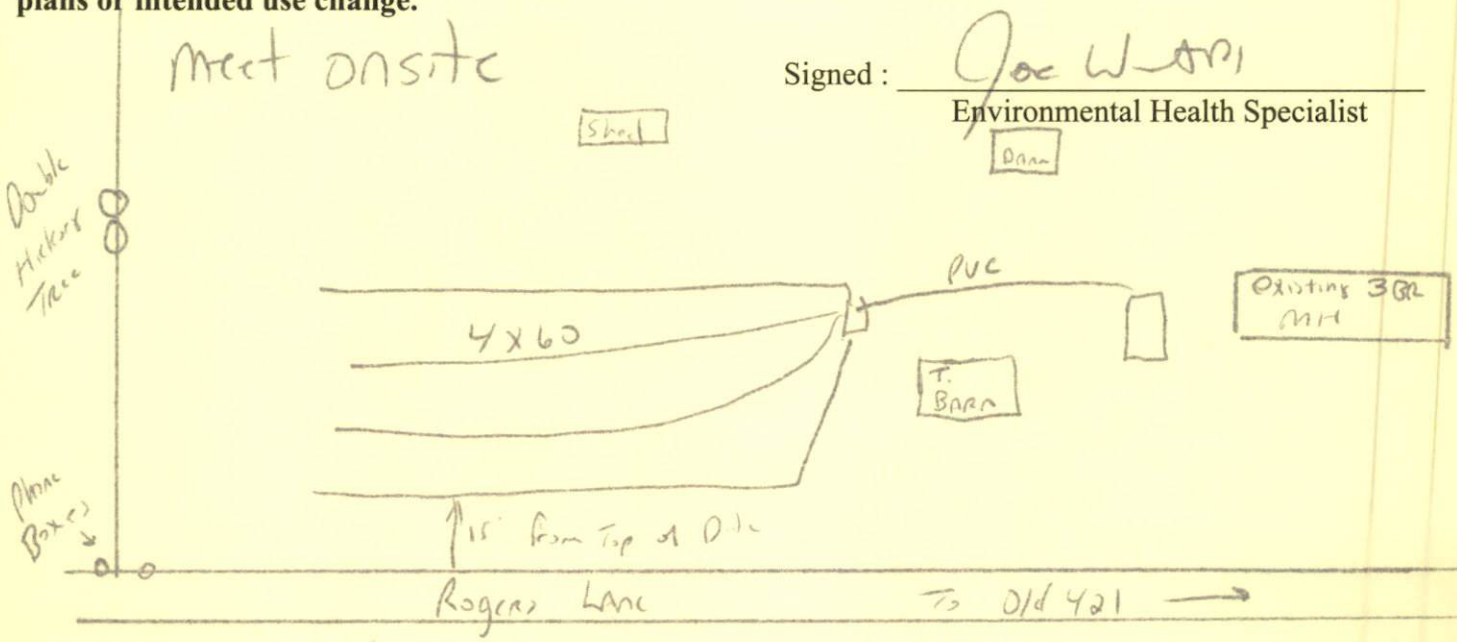
Subsurface No. of exact length width of depth of  
Drainage Field ditches 4 ft. of each ditch 60 ft. ditches 3 ft. ditches 18.30 in.

French Drain Required: \_\_\_\_\_ Linear feet

Date: 5-11-05  
PERMIT EXPIRES 5 YEARS FROM ABOVE DATE

**This permit is subject to revocation if site plans or intended use change.**

Signed: Joe Warren  
Environmental Health Specialist



meet onsite MAINTAIN ALL SETBACKS

HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH  
AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # Attempt To Repair. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. *This authorization will be invalid if ownership, site plans, or intended use change.*

Derenda Kelly  
Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_

Rogers Road  
Property Location SR# \_\_\_\_\_ Road Name \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ # Bedrooms Proposed 3 existing Lot Size \_\_\_\_\_

**TYPE OF SYSTEM**

~~New Installation~~  Repair  Septic Tank  Nitrification Lines  
 Conventional [ ] Other \_\_\_\_\_

[ ] Basement [ ] With Plumbing [ ] Without Plumbing

Water Supply: [ ] Well  Public Water Supply Minimum Well Setback: 50 Ft.

Septic Tank 1000 gal Pump Chamber \_\_\_\_\_ gal

**NITRIFICATION FIELD SPECIFICATIONS**

Number of fields 1 # of lines per field 4 Length of lines 60 Ft.

Width of ditches 3 ft. Depth of ditches 18-30 inches

French Drain: Linear feet required \_\_\_\_\_ Depth of gravel \_\_\_\_\_

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

Jon West RJ \_\_\_\_\_ Date 5-11-05  
Signature of Authorized Agent for Harnett County